



City of Seguin
P O Box 591
Seguin Texas 78155
Main: (830) 379-3212
Fax: (830) 401-2499
www.seguintexas.gov

DATE: _____

APPLICATION TO WORK ON CITY STREET

Location of Work: _____
Address or Street(s)

Type of work: ☐ Curb ☐ Sidewalk ☐ Driveway ☐ Street Cut ☐ Other

If other, please explain: _____

Who will be performing work: ☐ Contractor ☐ Sub-Contractor ☐ Property Owner

Contractor Address: _____

Contact Person: _____ Phone #: _____

Email: _____

Property Owner Name: _____ Phone #: _____

Email: _____

Will street(s) need to be closed? ☐ YES If yes, how long? _____ ☐ NO
(days/hours)

Street(s) affected by closure: _____

Start Date: _____ Completion Date: _____

I understand that barricades that comply with the Texas Manual on Uniform Traffic Control Devices must be used or the permit will be revoked: ☐ YES ☐ NO

A drawing of the work to be performed is attached: ☐ YES ☐ NO

The City of Seguin, its agents, officials and employees, shall *not* be held liable or responsible for, and shall be saved and held harmless by the undersigned applicant, against any and all claims and damages of every kind, for injury to or death of any person or persons and for damages to or loss of property arising out of or attributed, directly or indirectly to the operations or performance of the undersigned pursuant to this application, including claims and damages arising in whole or in part from the negligence of the City of Seguin, its agents, officials and employees.

Signature of Applicant: _____

Date Approved: _____

Authorized Public Works Signature